EDITOR'S NOTE

THE FOLLOWING PAGES WERE POOR HARD COPY AT THE TIME OF FILMING. IF AND WHEN A BETTER COPY CAN BE OBTAINED, A NEW FICHE WILL BE ISSUED.

Supreme Court, U.S.
FILED

00 58 JUL 5 2000

OFFICE OF THE CLERK

No. _____

IN THE

SUPREME COURT OF THE UNITED STATES

CHRISTOPHER SAPP and JEAN SAPP,

Petitioners,

v.

RAIN & HAIL INSURANCE SERVICE,

"Respondent".

ON PETITION FOR WRIT OF *CERTIORARI*
TO THE UNITED STATES COURT OF APPEALS
FOR THE FIFTH CIRCUIT

VOLUME ONE: SELECTED EXHIBITS TO APPENDIX A

CHRISTOPHER SAPP*
POST OFFICE BOX 1012
LEHIGH ACRES, FLORIDA 33970
(941) 368-3922

*Pro Se**

10PP

CIGNA

a CIGNA company
Crop Insurance Serviced by **RAIN AND HAIL INSURANCE SERVICE, INC.**

MULTIPLE PERIL CROP INSURANCE

MP-291291	For 1994	and succeeding years	[illegible]	1.00	

COVERAGE

CROP	PRICE	LEVEL	EXPERIENCE	OPTION	FINAL PLANTING DATE
CITRUS FRUITS	175.00	.65	1.00	Hail	
CITRUS GR J	150.00	.65	1.00	HAIL	
CITRUS GRFT J	150.00	.65	1.00	Hail	

PRODUCER/OWNER INFORMATION

C S J SAND PUMPKIN CO
P O BOX 5246
HARLINGEN TX 78552-5246

PHONE: 210/618-4292
TAX I.D.: 265 60 1692

AGENCY INFORMATION

VALLEY AG INSURANCE SERV. INC.
PO BOX 2648
HARLINGEN TX 78552-2648

PHONE:
CODE: 3492 00

LOSS PAYABLE TO ME AND

STATE	CODE
TEXAS	42
COUNTY	**CODE**
HIDALGO	215

1994 SUMMARY OF COVERAGE

Line Number	Crop	Farm Unit	ASCS Number	Interest	Other Persons Sharing in Crop	County	LOT, BLOCK & SUBDIVISION / Section/Quarter	Twp # Range#	Average PREV YIELD	Acre Guarantee	Acres	Plant Date	Total Guarantee	Price CHOSEN	Liability	Risk Area	Rate	Pre
1.0 WLDI 1.0	CITRUS WFP 88CRJ	1.00	0	1.000		HIDALGO	A 27 3 LAGUNA II		21.5	11.0	X 1.50		16.2	150.0000	9,630	1x	3.3%	
2.0 WLDI 2.0	CITRUS WFP 88CRJ	2.00	0	1.000		HIDALGO	542 269 270 293 SUNRISE GROVES		32.2	21.5	X 10.00		215.1	150.0000	32,265	1nc	5.0%	1.
3.0 WLDI 3.0	CITRUS WFP 88CRJ	3.00	0	1.000		HIDALGO	73 72 WEST LOG 41		21.0	13.7	X 1.50		205.5	150.0000	2[illegible]	1B	3.0%	1.
4.0 WLDI 1.0	CITRUS WFP 88CRJ	4.00	0	1.000		HIDALGO	125 126 3 LA LOMA 12		21.2	13.2	X 11.50		151.8	150.0000	22,770	1B	3.0%	1.
5.0 WLDI 5.0	CITRUS WFP 88CRJ	5.00	0	1.000		HIDALGO	75 LA LOMA 11		21.1	13.2	X 11.50		151.8	150.0000	22,770	1B	3.0%	1.
6.0 WLDI 6.0	CITRUS WFP JR 80ZHS	6.00	0	1.000		HIDALGO	77 76 LAGUNA 12		21.4	13.2	X 11.50		151.8	150.0000	22,770	1B	3.0%	
7.0 WLDI 7.0	CITRUS WFP 88CRJ	7.99	0	1.000		HIDALGO	77 70 LA LOMA 12		21.1	13.2	X 11.50		151.8	150.0000	22,770	1B	3.0%	1.

Please check the accuracy of the above information carefully and notify your agent immediately of any corrections. $200 REDUCTIONS on Fall seeded crops after 2AUG. 07 1994 (A valid revision must be received by 07 1994 to avoid reduction.)
No corrections may be made after a loss has been paid.

[illegible] PREMIUM	0.
[illegible]	0.
[illegible] PREMIUM	0.
[illegible] DUE	1600

FILED GRODNER
DISTRICT CLERK
HIDALGO COUNTY, TEXAS
'94 JUL 21 AM 8:58
DEPUTY

SOCIAL SECURITY NUMBER (SSN) AND EMPLOYER IDENTIFICATION NUMBER (EIN) REPORTING FORM 1994 AND SUCCEEDING CROP YEARS

NAME OF APPLICANT/INSURED: C & J SAPP PUBLISHING CO PHONE NO.: (210)618-4792	NAME OF AGENT: VALLEY AG INSURANCE SERV. INC. PHONE NO.: (210)687-3326
ADDRESS: P O BOX 5246 MCALLEN TX 78502-5246	ADDRESS: PO BOX 2648 MCALLEN TX 78502-2648
CONTRACT NUMBER: MP-244201	AGENT CODE: 2492-00 (TX)
SOCIAL SECURITY NUMBER 265-60-1699 * ENTITY TYPE CODE	COMPANY NAME/ADDRESS: RAIN AND HAIL INSURANCE SERVICE, INC. 2201 CIVIC CIRCLE SUITE# 604 AMARILLO, TX 79109-1844

OTHER PERSONS AND/OR ENTITIES WITH 5% OR MORE INTEREST IN THE INSURABLE ENTITY IDENTIFIED ABOVE:

NAME	COMPLETE ADDRESS (ST,RR,PO BOX,ZIP)	PHONE NO.	SSN/EIN (CIRCLE ONE)	*ENTITY TYPE CODE
			SSN EIN NONE	
			SSN EIN NONE	
			SSN EIN NONE	
			SSN EIN NONE	
			SSN EIN NONE	
			SSN EIN NONE	
			SSN EIN NONE	

ENTITY TYPE CODE: INDIVIDUAL = I, CORPORATION = C, PARTNERSHIP = P, OTHER = O

A FALSE CLAIM MADE TO THE FEDERAL CROP INSURANCE CORPORATION, OR FALSE STATEMENT MADE ON A MATTER WITHIN THE JURISDICTION OF THE FCIC, MAY SUBJECT THE MAKER TO CRIMINAL AND CIVIL PENALTIES UNDER THE PROVISIONS OF 18 U.S.C. 1006, 1014; 7 U.S.C. 1506, 31 U.S.C. 3729, 3730.

IGNATURE OF APPLICANT/INSURED: Chas Sapp DATE: NOV 30, 19[illegible]

Continuation of 1995 Application and Production Report for citrus renewal.

NOTE: YOU MAY SELECT COVERAGE BETWEEN 30% AND 100% OF THE ESTABLISHED PRICE ELECTIONS SHOWN BELOW:

INSURANCE IS REQUESTED FOR THE FOLLOWING VARIETIES:

	JUICE OPTION	PRICE ELECTION PER TON
✓	RIO RED GRAPEFRUIT	$150.00
✓	RUBY SWEET GRAPEFRUIT	$150.00
	VALENCIA ORANGE	$120.00
✓	EARLY/MID-SEASON ORANGE	$150.00
	OTHER GRAPEFRUIT	$100.00

	FRESH OPTION	PRICE ELECTION PER TON
	RIO STAR GRAPEFRUIT	$250.00
	RUBY SWEET GRAPEFRUIT	$150.00
	VALENCIA ORANGE	$120.00
	EARLY/MID-SEASON ORANGE	$150.00
	OTHER GRAPEFRUIT	$100.00

I have read and acknowledge the provisions/information as outlined on page 1 of the "Application and Production Report" and accept the information as stated. I fully understand a written agreement (PYC) has to be or has been executed before coverage attaches.

SIGNATURE _____ DATE NOV. 27, 1993

++

VARIETY CODE Number	Abbreviation			
240	RRSF-J	RIO RED/STAR (RIOSTAR)	GF	JUICE
230	RR-J	RUBY RED (RUBYSWEET)	GF	JUICE
220	LO-J	VALENCIA (LATE ORANGE)		JUICE
210	EO&MS-JUI	EARLY & MID-SEASON ORANGE		JUICE
140	RRSR-F	RIO RED/STAR (RIOSTAR)	GF	FRESH
130	RR-F	RUBY RED (RUBYSWEET)	GF	FRESH
120	LO-F	VALENCIA (LATE ORANGE)		FRESH
110	EO&MS-F	EARLY & MID-SEASON ORANGE		FRESH

CIGNA

a CIGNA company
Serviced by RAIN AND HAIL INSURANCE SERVICE, INC.
Managing General Agent for Crop Insurance
MULTIPLE PERIL CROP INSURANCE

HP-211201 For 1995 and succeeding years 10/14/93

CROP	1994 COVERAGE PRICE	LEVEL	1995 COVERAGE ELECTIONS PRICE A	PRICE B	PRICE C	LEVEL 1	LEVEL 2	LEVEL 3	CA
CTRUS									
EGNS	175.00	.65		175.00*		.35	.50	.65*	4.75
RR-J	150.00	.65		150.00*		.35	.50	.65*	4.75
RRSFJ	150.00	.65		150.00*		.35	.50	.65*	4.75

CIRCLE A, B or C AND 1, 2, or 3

1995 PRICE AND LEVEL IF NO ELECTION IS MADE SALES CLOSING 1/3

The premium due for each crop year will be calculated on my share in the crop level and price elected and at the rates published and in effect for the current crop subject to applicable adjustments.

This insurance policy is reinsured by the Federal Crop Insurance Corporation und provisions of the Federal Crop Insurance Act, as amended (the Act) (7 U.S.C. 15 seq.), and all terms of the policy and rights and responsibilities of the parties are cifically subject to the Act and the regulations under the Act published in Chapter 7 CFR.

* A. Production sold or in commercial storage. B. On farm storage recorded bin measurem
C. Livestock feeding record. D. Appraisal. E. ASCS loan record. F. Other

PRODUCER/OWNER INFORMATION

C & J SAPP PUBLISHING CO
P O BOX 5246
MCALLEN TX 78502-5246

PHONE: 210/618-4722
TAX I.D.: 265-60-1499

AGENCY INFORMATION

VALLEY AG INSURANCE SERV. INC.
PO BOX 2648
MCALLEN TX 78502-2648

PHONE: 210/687-3326
CODE: 2422-00

LOSS PAYABLE TO ME AND

APPLICATION AND PRODUCTION REPORT

STATE	CODE	PREVIOUS CARRIER
TEXAS	42	
COUNTY	**CODE**	**PREVIOUS POLICY**
HIDALGO	215	

D	CROP, PRAC, TYPE A	FARM UNIT B	ASCS # C	ASCS YIELD D	INT. % E	OTHER PERSONS SHARING IN CROP F	COUNTY LOT/TRACT/RANGE/SECTION SUBDIVISION RISK G	UNIT DESCRIPTION I	INFORMATION PRODUCTION J	ACRES K	* L	YIELD M
1	26 CTRUS 210 WFP 2000 RRSFJ	1.00	0	1	000		H DALGO			6.1		
2	26 CTRUS 210 WFP 2000 RR-J	2.00	0	1	000		H DALGO			12.7		
3	26 CTRUS 210 WFP 2000 RRSFJ	2.00	0	1	000		H DALGO			13.0		
4	26 CTRUS 0 WFP 000 RRSFJ	3.00	0	1	000		H DALGO			14.5		
5	26 CTRUS 210 WFP 2000 RRSFJ	5.00	0	1	000		H DALGO			9.6		

I certify that the information I have furnished as reflected on this form is complete and accurate for the commodity(ies), unit(s) and year(s) shown. I understand his form may be reviewed or audited and that information inaccurately reported or failure to retain records to support information on this form, may result in a recomputation of the approved APH yield. I also understand that failure to report completely and accurately may result in voidance of my crop insurance contract and may result in criminal or civil false claims penalties (18 U.S.C. 1001, 1006, 1014; 31 U.S.C. 3729, 3730).

ACCEPTANCE. When this application is accepted by us the policy will be in effect for the first crop year specified above, unless the time for submitting applications has passed the cancellation date. The policy will continue for each succeeding crop year until cancelled or terminated as provided in the policy. We will not provide coverage if you knowingly concealed or misrepresented any material fact or circumstance relating to this insurance.

This policy will be void in the event you are restricted from receiving benefits under the Federal Crop Insurance Act or in the event action is pending which may restrict your eligibility to receive such benefits or, in the event federal authorization and funding of the crop program is not provided.

For the purpose relating to this insurance I hereby authorize representative(s) of the Company access to and examination of insured crops and records pertaining to the above described farm in the appropriate A.S.C.S. or other governmental agency office(s).

Dated 11-30-93 o'clock M. 19

Ray Prewett
Licensed Agent's signature

I declare the facts stated herein to be true and I personally guarantee payment of the total premium.

Applicant's/Guarantor's Signature

UNDERWRITING DATA	YES
Are you now indebted to the FCIC or to any other insurance company for unpaid crop insurance premium? Unpaid premiums affect your eligibility to receive benefits.	✓
Have you ever had a crop insurance policy cancelled or otherwise terminated for any reason other than unpaid premium?	
Do you have another Multiple Peril Crop Insurance Policy or Federal Crop Insurance Corporation Policy on your share of the insured crops?	

On or before 10/01/93, the Undersigned, in consideration of the issuance of the policy above, hereby agrees to pay, at 1501 50th Street, Suite 200, West Des Moines, Iowa 50266, to the or the Company the total premium, all as allowed by law. The Undersigned agrees to pay the ma amount of interest on the total unpaid premium after such due dates plus reasonable costs of collectic attorney fees, all as allowed by law. The Undersigned agrees and acknowledges that the Compan deduct any and all amounts owed under this policy or any other policy, whether or not due, from an payable to you under the policy shown above.

WE RESERVE THE RIGHT TO CORRECT ERRORS MADE IN COMPUTATION

SEE REVERSE SIDE OF FORM FOR STATEMENT REQUIRED BY THE PRIVACY ACT OF 1974

RH-1878-94 CC

CIGNA

a CIGNA company
Crop Insurance Serviced by **RAIN AND HAIL INSURANCE SERVICE, INC.**

MULTIPLE PERIL CROP INSURANCE

NP-224494	For 1994	and succeeding years	8/02/93	2 06

COVERAGE

CROP	PRICE	LEVEL	EXPERIENCE	OPTION	FINAL PLANTING DATE

PRODUCER/OWNER INFORMATION

C & J SAPP PUBLISHING CO
PO BOX 5246
MCALLEN TX 78502-5246

PHONE: 601/467-4397 TAX I.D.: 265-40-1499

AGENCY INFORMATION

VALLEY AG INSURANCE SERV. INC.
PO BOX 2648
MCALLEN TX 78502-2648

PHONE: 210/687-3326 CODE: 2492-00

Refer to page one for price and level elections

LOSS PAYABLE TO ME AND

STATE	CODE
TEXAS	42
COUNTY	**CODE**
HIDALGO	215

1994 SUMMARY OF COVERAGE

Line Number	Crop	Farm Unit	ASCS Number	Interest	Other Persons Sharing in Crop	County	LOT, BLOCK & SUBDIVISION / Section/Quarter	Twp # Range#	Average TREE/VINE/BE	Acre Guarantee	Acres	Plant Date	Total Guarantee	Price COVERAGE	Liability	Risk Area	Rate	Pr
13.0	CTRFE						73-76											
YLDE	WWC	6.00	0	1.000		HIDALGO			208.0	2,403.0	14.00	5/01/90	33,642.0	100 %	33,642	002	4.70	1
10.0	RRSR						DUFFING 1											
14.0	CTREE						73-76											
YLDE	WWC	6.00	0	1.000		HIDALGO			208.0	1,602.0	2.20	11/13/91	3,524.0	100 %	3,524	002	4.70	
11.0	RRSR						DUFFING 1											

Please check the accuracy of the above information especially crop practices interest and acres
$1HO REDUCTIONS on Fall-seeded crops after APRIL 18, 1993$$$ upward revisions by inspection only
No corrections may be made after a loss has been paid

INSURED PREMIUM	$
SUBSIDY	$
BASE PREMIUM	$
PREMIUM DUE DATE	03/01

CIGNA

a CIGNA company
Crop Insurance Serviced by **RAIN AND HAIL INSURANCE SERVICE, INC.**
MULTIPLE PERIL CROP INSURANCE

HP-234494 For 1994 and succeeding years | 8/03/93 | 1 OF 2

COVERAGE

CROP	PRICE	LEVEL	EXPERIENCE	OPTION	FINAL PLANTING DATE
CTRFE		.65	1.60	BASI	

PRODUCER/OWNER INFORMATION

C & J SAPP PUBLISHING CO
PO BOX 5246
MCALLEN TX 78502-5246

PHONE: 601/467-4397
TAX I.D.: 285-30-1699

AGENCY INFORMATION

VALLEY AG INSURANCE SERV. INC.
PO BOX 2648
MCALLEN TX 78502-2648

PHONE: 210/687-3326
CODE: 2492-00

LOSS PAYABLE TO ME AND

STATE	CODE
TEXAS	42

COUNTY	CODE
HIDALGO	215

1994 SUMMARY OF COVERAGE

Line Number	Crop	Farm Unit	ASCS Number	Interest	Other Persons Sharing in Crop	County	LOT, BLOCK & SUBDIVISION / Section/Quarter	Twp # Range#	Average TREE/ACRE	Acre Guarantee	Acres	Plant Date	Total Guarantee	Price COVERAGE	Liability	Risk Area	Rate	Pre
1.0	CTREE						75											
YLD#	WUC	1.00	0	1.000		HIDALGO	1		148.0	2,250.0	10.80	5/01/90	24,300.0	100 %	24,300	002	4.60	1,
2.0	RRSR						LA HOMA 1											
2.0	CTREE						75											
YLD#	WUC	1.00	0	1.000		HIDALGO	1		146.0	2,000.0	1.90	10/01/90	3,800.0	100 %	3,800	002	4.60	
3.0	RRSR						LA HOMA 1											
3.0	CTREE						125 126											
YLD#	WUC	2.00	0	1.000		HIDALGO	3		141.0	2,169.0	10.10	5/01/90	21,907.0	100 %	21,907	002	4.60	1,
4.0	RRSR						LAHOMA 2											
4.0	CTREE						125-126											
Y#	WUC	2.00	0	1.000		HIDALGO	3		146.0	2,000.0	1.40	10/30/90	2,800.0	100 %	2,800	002	4.60	
5.0	RRSR						LA HOMA 2											
10.0	CTREE						76-77											
YLD#	WUC	5.00	0	1.000		HIDALGO	3		125.0	2,097.0	3.70	5/01/90	7,759.0	100 %	7,759	002	4.60	
8.0	RRSR						LA HOMA 1											
11.0	CTREE						76-77											
YLD#	WUC	5.00	0	1.000		HIDALGO	3		122.0	1,834.0	0.50	11/01/90	932.0	100 %	932	002	4.60	
9.0	RRSR						LA HOMA 1											
12.0	CTREE						76-77											
YLD#	WUC	5.00	0	1.000		HIDALGO	3		122.0	1,398.0	1.70	5/01/92	2,377.0	100 %	2,377	002	4.60	
13.0	RRSR						LA HOMA 1											

Please check the accuracy of the above information especially crop, practice, interest and acres
##NO REDUCTIONS on Fall-seeded crops after APRIL 10, 1993### upward revisions by inspection only
No corrections may be made after a loss has been paid

COMPANY

CIGNA

a CIGNA company
Serviced by RAIN AND HAIL INSURANCE SERVICE, INC.
Managing General Agent for Crop Insurance
MULTIPLE PERIL CROP INSURANCE

POLICY NUMBER For 1994 and succeeding year

PAGE ____ of ____

COVERAGE			COVERAGE ELECTIONS	
CROP	PRICE	LEVEL	PRICE	LEVEL
CTREE				65%

RECEIVED
AUG 04 1993
RAIN & HAIL INSURANCE

PRODUCER/OWNER INFORMATION
C & J SAPP PUBLISHING CO
PO BOX 5246
McALLEN TX 78502-5246
PHONE 210/618-4792 TAX I.D. 265-68-1699

AGENT INFORMATION
VALLEY AG INSURANCE
P.O. BOX 2648
McALLEN, TEXAS 78502
PHONE 210/687-3326 CODE 2492-00

LOSS PAYABLE TO ME AND
TEXAS STATE BANK
McALLEN TX

APPLICATION AND PRODUCTION REPORT

STATE	CODE	PREVIOUS CARRIER
TEXAS	42	
COUNTY	CODE	PREVIOUS POLICY
HIDALGO	215	

The premium due for each crop year will be calculated on my share in the crop at and practices elected and at the rates published and in effect for the current crop year to applicable adjustments.
This insurance policy is reinsured by the Federal Crop Insurance Corporation u provisions of the Federal Crop Insurance Act, as amended (the Act) (7 U.S.C. seq.), and all terms of the policy and rights and responsibilities of the parties are sp subject to the Act and the regulations under the Act published in Chapter IV of 7 CF

* A. Production sold or in commercial storage. B. On farm storage recorded bin measurem
C. Livestock feeding record. D. Appraisal. E. ASCS loan record. F. Other

CROP KIND A	CROP PRACTICE B	CROP TYPE C	FARM UNIT D	ASCS # E	ASCS YIELD F	INT % G	OTHER PERSONS SHARING IN CROP H	COUNTY I	TWP # DIR N/S J	RNG # DIR E/W K	SECTION/QUARTER L	TOTAL PRODUCTION M	ACRES PLANTED N	AVERAGE YIELD O	RECORD TYPE P*
25 CTREE	WWC	EO&MS	1.00			1.000		HIDALGO	Lots 77 & 78 LA HOMA #2						
25 CTREE	WWC	RRSR	2.00			1.000		HIDALGO	" " " "			SEE ATTACHED SUMMARY OF COVERAGE ON MP-224493			

I certify that the information I have furnished as reflected on this form is complete and accurate for the commodity(ies), unit(s) and year(s) shown. I understand that information inaccurately reported may result in a recomputation of the approved APH yield. I also understand that failure to report completely and accurately may result in voidance of my crop insurance contract and may result in criminal or civil false claims actions.
ACCEPTANCE. When this application is accepted by us the policy will be in effect for the first crop year specified above, unless the time for submitting applications has passed the cancellation date. The policy will continue for each succeeding crop year until cancelled or terminated as provided in the policy.
We will not provide coverage if you knowingly concealed or misrepresented any material fact or circumstance relating to this insurance.
This policy will be void in the event you are restricted from receiving benefits under the Federal Crop Insurance Act or in the event action is pending which may restrict your eligibility to receive such benefits or, in the event federal authorization and funding of the crop program is not provided.
For the purpose relating to this insurance I hereby authorize representative(s) of the Company access to and examination of insured crops and records pertaining to the above described farm in the appropriate A.S.C.S. or other governmental agency office(s).

Dated ____ o'clock ____ M., 26th day of 93
R. Ray Sapp

I declare the facts stated herein to be true and I personally guarantee payment of the premium.
C & J SAPP PUBLISHING Co
By: R. Ray Sapp Pres.

UNDERWRITING DATA	YI
Are you now indebted to the FCIC or to any other insurance company for unpaid crop insurance premium? Unpaid premiums affect your eligibility to receive benefits.	
Have you ever had a crop insurance policy cancelled or otherwise terminated for any reason other than unpaid premium?	
Do you have another Multiple Peril Crop Insurance Policy or Federal Crop Insurance Corporation Policy on your share of the insured crops?	

On or before 03-01-94, the Undersigned, in consideration of the issuance of the policy(s) show hereby agrees to pay, at 1501 50th Street, Suite 200, West Des Moines, Iowa 50266, to the order of the the total premium, all as allowed by law. The Undersigned agrees to pay the maximum amount of intere total unpaid premium after such due dates plus reasonable costs of collection and attorney fees, all as al law. The Undersigned agrees and acknowledges that the Company may deduct any and all amounts ow

COMPANY COPY

CIGNA

CIGNA INSURANCE COMPANY OF TEXAS
a CIGNA company
Serviced by RAIN & HAIL INSURANCE SERVICE, INC.
Managing General Agent for Crop Insurance
MULTIPLE PERIL CROP INSURANCE

POLICY NUMBER	DATE PRINTED	PAGE
MP-224494 For 1993 and succeeding years	04/20/92	3 OF 3

CROP	1992 COVERAGE PRICE	1992 COVERAGE LEVEL	1993 COVERAGE ELECTIONS PRICE LEVEL	CANCE
			Refer to page one for price and level elections	

SALES CLOSING DATE 5/31/92

PRODUCER/OWNER INFORMATION
J SAPP PUBLISHING CO
BOX 2037
ST LOUIS MO 63521-2037

PHONE 1/467-4357

TAX I.D. 765-60-1459

LOSS PAYABLE TO ME AND

AGENCY INFORMATION
VALLEY AG INSURANCE SERV. INC.
PO BOX 2648
MCALLEN TX 78502-2648

PHONE 512/687-3326

CODE 2492-00

1992 PRODUCTION REPORT

PREVIOUS CARRIER

PREVIOUS POLICY 152590

STATE TEXAS — CODE 42

COUNTY HIDALGO — CODE 215

CROP KIND A	CROP PRACTICE B	CROP TYPE C	FARM UNIT NO. D	ASCS # E	ASCS YIELD F	INT % G	OTHER PERSONS SHARING IN CROP H	COUNTY I	LOT / BLOCK / SUBDIVISION J	TWP # DIR N/S K	RANGE # DIR E/W L	TOTAL PRODUCTION M	ACRES PLANTED N	AVERAGE YIELD	RECORD TYPE P*	SLT OUT DATE
5 CITREE	230 WWC	0400 RISK	6.00	0		1.000		HIDALGO	73-76 DEFICNO 1	RISK		TREE COUNT 440	2.2	TREE/ACRE 204		11

*A. Production sold or in commercial storage. B. On farm storage recorded bin measurement. C. Livestock feeding records. D. Appraisal. E. ASCS loan rec F. Other

The premium due for each crop year will be calculated on my share in the crop at the level and price elected and a the rates published and in effect for the current crop year subject to applicable adjustments.

This insurance policy is reinsured by the Federal Crop Insurance Corporation under the provisions of the Federa Crop Insurance Act, as amended (the Act) (7 U.S.C. 1501 et seq.), and all terms of the policy and rights an responsibilities of the parties are specifically subject to the Act and the regulations under the Act published Chapter IV of 7CFR.

I certify that the information I have furnished as reflected on this form is complete and accurate for the commodity(ies), unit(s) and year(s) shown. I understand that information inaccurately reported may result in a recomputation of the approved APH yield. I also understand that failure to report completely and accurately may result in voidance of my crop insurance contract and may result in criminal or civil false claims actions.

ACCEPTANCE. When this application is accepted by us the policy will be in effect for the first crop year specified above, unless the time for submitting applications has passed the cancellation date. The policy will continue for each succeeding crop year until canceled or terminated as provided in the policy.

We will not provide coverage if you knowingly concealed or misrepresented any material fact or circumstance relating to this insurance.

...restricted from receiving benefits under the Federal Crop Insurance Act or that action is pending which may restrict your eligibility to receive

...to and examination of insured crops and records pertaining to the above

UNDERWRITING DATA

Are you now indebted to the FCIC or to any other insurance company for unpaid crop insurance premium? Unpaid premiums affect your eligibility to receive benefits.

Have you ever had a crop insurance policy canceled or otherwise terminated for any reason other than unpaid premium?

Do you have another Multiple Peril Crop Insurance Policy or Federal Crop Insurance Corporation Policy on your share of the insured crops?

On or before 03/01/93 the Undersigned, for value received, hereby promises to pay to t ...amounts, a 18.0% per annum late payment ...the Compa

YE

COMPANY COPY

CIGNA

CIGNA INSURANCE COMPANY OF TEXAS
a CIGNA company
Serviced by RAIN & HAIL INSURANCE SERVICE, INC.
Managing General Agent for Crop Insurance
MULTIPLE PERIL CROP INSURANCE

POLICY NUMBER	DATE PRINTED	PAGE
HP-224494 For 1993 and succeeding years	04/20/92	2 OF

1992 COVERAGE			1993 COVERAGE ELECTIONS	
CROP	PRICE	LEVEL	PRICE	LEVEL
			Refer to page one for price and level elections	
			SALES CLOSING DATE	5/31/92

PRODUCER/OWNER INFORMATION
C & J SAPP PUBLISHING CO
PO BOX 2037
BAY SAINT LOUIS MS 39521-2037

PHONE: 601/467-4397 TAX I.D.: 265-60-1699

AGENCY INFORMATION
VALLEY AG INSURANCE SERV. INC.
PO BOX 2648
MCALLEN TX 78502-2648

PHONE: 512/687-3526 CODE: 2492-00

LOSS PAYABLE TO ME AND

1992 PRODUCTION REPORT

STATE	CODE	PREVIOUS CARRIER
TEXAS	42	

COUNTY	CODE	PREVIOUS POLICY
HIDALGO	215	152590

CROP KIND A	CROP PRACTICE B	CROP TYPE C	FARM UNIT D	ASCS # E	ASCS YIELD F	INT % G	OTHER PERSONS SHARING IN CROP H	COUNTY I	SECTION/QUARTER LOT, BLOCK & SUBDIVISION	TWP # DIR N/S	RISK	RANGE # DIR E/W L	TOTAL PRODUCTION TREE COUNT	ACRES PLANTED M	AVERAGE YIELD TREE/ACRE	RECORD TYPE P*	SLT DAT
25 CTREE	230 WWC	0400 RKSR	4.00	0		1.000		HIDALGO	L/2 289-291-293 DENISEN GROVES				1,735	9.2	189		
25 CTREE	230 WWC	0400 RKSR	4.00	0		1.000		HIDALGO	L/2 289-291-293 DENISEN GROVE				159	0.9	177		
25 CTREE	230 WWC	0400 RKSR	5.00	0		1.000		HIDALGO	76-77 3 LA HOYA 1				464	3.5	133		
25 CTREE	230 WWC	0400 RKSR	5.00	0		1.000		HIDALGO	76-77 3 LA HOYA 1				66	0.5	132		
25 CTREE	230 WWC	0400 RKSR	6.00	0		1.000		HIDALGO	73-76 QUEENO 1				2,918	14.0	208		

*A. Production sold or in commercial storage. C. Livestock feeding records. E. ASCS loa
B. On farm storage recorded bin measurement. D. Appraisal. F. Other

The premium due for each crop year will be calculated on my share in the crop at the level and price electe the rates published and in effect for the current crop year subject to applicable adjustments.

This insurance policy is reinsured by the Federal Crop Insurance Corporation under the provisions of the Crop Insurance Act, as amended (the Act) (7 U.S.C. 1501 et seq.), and all terms of the policy and rig responsibilities of the parties are specifically subject to the Act and the regulations under the Act publi Chapter IV of 7 CFR.

I certify that the information I have furnished as reflected on this form is complete and accurate for the commodity(ies), unit(s) and year(s) shown. I understand that information inaccurately reported may result in a recomputation of the approved APH yield. I also understand that failure to report completely and accurately may result in voidance of my crop insurance contract and may result in criminal or civil false claims actions.

ACCEPTANCE. When this application is accepted by us the policy will be in effect for the first crop year specified above, unless the time for submitting applications has passed the cancellation date. The policy will continue for each succeeding crop year until cancelled or terminated as provided in the policy.

We will not provide coverage if you knowingly concealed or misrepresented any material fact or circumstance relating to this insurance.

This policy will be void in the event you are restricted from receiving benefits under the Federal Crop Insurance Act or that action is pending which may restrict your eligibility to receive such benefits.

For the purposes relating to this insurance I hereby authorize representative(s) of the Company access to and examination of insured crops and records pertaining to the above described farm in the appropriate A.S.C.S. or other governmental agency office(s).

Dated MAY 27 1992 o'clock ___ M., _____ 19___

I declare the facts stated herein to be true.

UNDERWRITING DATA	YES
Are you now indebted to the FCIC or to any other insurance company for unpaid crop insurance premium? Unpaid premiums affect your eligibility to receive benefits.	
Have you ever had a crop insurance policy cancelled or otherwise terminated for any reason other than unpaid premium?	
Do you have another Multiple Peril Crop Insurance Policy or Federal Crop Insurance Corporation Policy on your share of the insured crops?	

On or before 03/01/93 the Undersigned, for value received, hereby promises to pay to the order Company the total premium. For all overdue amounts, a 18.0% per annum late payment charge w

CIGNA

CIGNA INSURANCE COMPANY OF TEXAS
a CIGNA company
Serviced by RAIN & HAIL INSURANCE SERVICE, INC.
Managing General Agent for Crop Insurance
MULTIPLE PERIL CROP INSURANCE

POLICY NUMBER	DATE PRINTED	PAGE
HP-224494 For 1993 and succeeding years	04/20/92	1 OF

1992 COVERAGE			1993 COVERAGE ELECTIONS		
CROP	PRICE	LEVEL		PRICE	LEVEL
CTREE		.65	100% COVERAG.	.30	.658.75

PRODUCER/OWNER INFORMATION

C & J SAPP PUBLISHING CO
PO BOX 2037
BAY SAINT LOUIS MS 39521-2037

PHONE 601/467-4397 TAX I.D. 265-60-1699

AGENCY INFORMATION

VALLEY AG INSURANCE SERV. INC.
PO BOX 2648
MCALLEN TX 78502-2648

PHONE 512/687-3326 CODE 2492-00

RECEIVED
JUN 01 1992

SALES CLOSING DATE 5/31/92

LOSS PAYABLE TO ME AND

RAIN & HAIL

1992 PRODUCTION REPORT

1993 PRICE AND LEVEL IF NO ELECTION IS MADE

The premium due for each crop year will be calculated on my share in the crop at the level and price electi the rates published and in effect for the current crop year subject to applicable adjustments.

This insurance policy is reinsured by the Federal Crop Insurance Corporation under the provisions of the Crop Insurance Act, as amended (the Act) (7 U.S.C. 1501 et seq.), and all terms of the policy and ri responsibilities of the parties are specifically subject to the Act and the regulations under the Act pub Chapter IV of 7 CFR.

STATE	CODE	PREVIOUS CARRIER
TEXAS	42	
COUNTY	CODE	PREVIOUS POLICY
HIDALGO	215	102690

*A. Production sold or in commercial storage. B. On farm storage recorded bin measurement. C. Livestock feeding records. D. Appraisal. E. ASCS lo F. Other

CROP KIND A	CROP PRACTICE B	CROP TYPE C	FARM UNIT D	ASCS # E	ASCS YIELD F	INT % G	OTHER PERSONS SHARING IN CROP H	COUNTY I	SECTION/QUARTER LOT, BLOCK & SUBDIVISION	TWP # DIR N/S	RANGE # DIR E/W L	TOTAL PRODUCTION TREE COUNT	ACRES PLANTED N	AVERAGE YIELD TREE/ACRE	RECORD TYPE P*	SLT DAT
25 CTREE	230 WWC	0400 RRSR	1.00	0		1.000		HIDALGO	75 1 LA HOMA 1			1,632	11.1	147		
25 CTREE	230 WWC	0400 RRSR	1.00	0		1.000		HIDALGO	75 1 LA HOMA 1			239	1.6	149		
25 CTREE	230 WWC	0400 RRSR	2.00	0		1.000		HIDALGO	125 126 3 LAHOMA 2			1,424	10.0	142		
25 CTREE	230 WWC	0400 RRSR	2.00	0		1.000		HIDALGO	125-126 3 LA HOMA 2			208	1.5	139		
25 CTREE	230 WWC	0100 FDRS	3.00	0		1.000		HIDALGO	1/2 289-291-293 SEN/SEN GROVES			319	1.7	188		

I certify that the information I have furnished as reflected on this form is complete and accurate for the commodity(ies), unit(s) and year(s) shown. I understand that information inaccurately reported may result in a recomputation of the approved APH yield. I also understand that failure to report completely and accurately may result in voidance of my crop insurance contract and may result in criminal or civil false claims actions.

ACCEPTANCE. When this application is accepted by us the policy will be in effect for the first crop year specified above, unless the time for submitting applications has passed the cancellation date. The policy will continue for each succeeding crop year until cancelled or terminated as provided in the policy.

We will not provide coverage if you knowingly concealed or misrepresented any material fact or circumstance relating to this insurance.

This policy will be void in the event you are restricted from receiving benefits under the Federal Crop Insurance Act or that action is pending which may restrict your eligibility to receive such benefits.

For the purposes relating to this insurance I hereby authorize representative(s) of the Company access to and examination of insured crops and records pertaining to the above described farm in the appropriate A.S.C.S. or other governmental agency office(s).

UNDERWRITING DATA	YES
Are you now indebted to the FCIC or to any other insurance company for unpaid crop insurance premium? Unpaid premiums affect your eligibility to receive benefits.	
Have you ever had a crop insurance policy cancelled or otherwise terminated for any reason other than unpaid premium?	
Do you have another Multiple Peril Crop Insurance Policy or Federal Crop Insurance Corporation Policy on your share of the insured crops?	

Dated MAY 27 1992 o'clock M., 19

Ran Daniel

I declare the facts stated herein to be true.

On or before 03/01/93 the Undersigned, for value received, hereby promises to pay to the orde Company the total premium. For all overdue amounts, a 18.0% per annum late payment charge imposed. Reasonable costs of collection and Attorney's fees may be added. I agree the Company may

CIGNA INSURANCE COMPANY OF TEXAS

CIGNA

a CIGNA company
Crop Insurance Serviced by RAIN AND HAIL INSURANCE SERVICE, INC.
MULTIPLE PERIL CROP INSURANCE

POLICY NUMBER	DATE PRINTED	PAGE
MP-224493 For 1994 and succeeding years	8/02/93	2 OF

COVERAGE

CROP	PRICE	LEVEL	EXPERIENCE	OPTION	FINAL PLANTING DATE

PRODUCER/OWNER INFORMATION

C & J SAPP PUBLISHING CO
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MCALLEN TX 78502-5246

PHONE 210/618-4792 TAX I.D. 265-68-1699

AGENCY INFORMATION

VALLEY AG INSURANCE SERV. INC.
PO BOX 2648
MCALLEN TX 78502-2648

PHONE 210/687-3326 CODE 2492-00

Refer to page one for price and level elections

LOSS PAYABLE TO ME AND

TEXAS STATE BANK - MCALLEN TX

STATE	CODE
TEXAS	42
COUNTY	CODE
HIDALGO	215

1994 SUMMARY OF COVERAGE

Line Number	Crop	Farm Unit	ASCS Number	Interest	Other Persons Sharing in Crop	County	Section/Quarter LOT, BLOCK & SUBDIVISION	Twp # & Range	Average TREE/ACRE	Acre Guarantee	Acres	Plant Date	Total Guarantee	Price COVERAGE	Liability	Risk Area	Rate	P
8.0	CTREE						1/2 289-291-293											
YLD#	WWC	3.00	0	1.000		HIDALGO			202.0	1,344.0	0.50	5/01/92	672.0	100 %	672	002	3.40	
14.0	EO&MS						BENTSEN GROVES											
9.0	CTREE						1/2 289-291-293											
YLD#	WWC	4.00	0	1.000		HIDALGO			190.0	2,016.0	9.20	5/01/90	18,547.0	100 %	18,547	002	4.60	
15.0	RRGF						BENTSEN GROVES											
10.0	CTREE						1/2 289-291-293											
YLD#	WWC	4.00	0	1.000		HIDALGO			180.0	1,344.0	0.90	11/01/91	1,210.0	100 %	1,210	002	4.60	
14.0	RRGF						BENTSEN GROVE											

Please check the accuracy of the above information especially crop, practice, interest and acres
NO REDUCTIONS on Fall-seeded crops after APRIL 18, 1993; upward revisions by inspection only
No corrections may be made after a loss has been paid

INSURED PREMIUM
SUBSIDY
BASE PREMIUM
PREMIUM DUE DATE 03/

REVISED

CIGNA

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MULTIPLE PERIL CROP INSURANCE

POLICY NUMBER		DATE PRINTED	PAGE
MP-224493	For 1994 and succeeding years	8/02/93	1 OF

COVERAGE

CROP	PRICE	LEVEL	EXPERIENCE	OPTION	FINAL PLANTING DATE
CTKEE		.65	1.00	HAIL	

PRODUCER/OWNER INFORMATION

C & J SAPP PUBLISHING CO
P O BOX 5246
MCALLEN TX 78502-5246

PHONE: 210/618-4792 TAX I.D.: 265-68-1699

AGENCY INFORMATION

VALLEY AG INSURANCE SERV. INC.
PO BOX 2648
MCALLEN TX 78502-2648

PHONE: 210/687-3326 CODE: 2492-00

LOSS PAYABLE TO ME AND:

TEXAS STATE BANK - MCALLEN TX

STATE	CODE
TEXAS	42
COUNTY	CODE
HIDALGO	215

1994 SUMMARY OF COVERAGE

Line Number	Crop	Farm Unit	ASCS Number	Interest	Other Persons Sharing in Crop	County	LOT, BLOCK & SUBDIVISION / Section/District	Twp # / Range#	Average TREE/ACRE	Acre Guarantee	Acres	Plant Date	Total Guarantee	Price COVERAGE	Liability	Risk Area	Rate	P
1.0	CTREE						77-78											
YLD# 5.0	WWC EQ#MS	1.00	0	1.000		HIDALGO	LA HOMA 2		141.0	2,169.0	7.70	5/01/90	16,701.0	100 %	16,701	002	3.40	
2.0	CTREE						77-78											
YLD# 10.0	WWC EQ#MS	1.00	0	1.000		HIDALGO	LAHOMA 2		139.0	1,446.0	2.20	10/30/91	3,181.0	100 %	3,181	002	3.40	
3.0	CTREE						77-78											
YLD# 8.0	WWC RRSR	2.00	0	1.000		HIDALGO	LA HOMA 2		131.0	2,169.0	9.70	5/01/90	21,039.0	100 %	21,039	002	4.60	
	CTREE						77-78											
YLD# 9.0	WWC RRSR	2.00	0	1.000		HIDALGO	LA HOMA 2		142.0	1,928.0	0.50	1/10/91	964.0	100 %	964	002	4.60	
5.0	CTREE						77-78											
YLD# 11.0	WWC RRSR	2.00	0	1.000		HIDALGO	LAHOMA 2		128.0	1,398.0	1.10	10/30/91	1,538.0	100 %	1,538	002	4.60	
6.0	CTREE						1/2 289-291-293											
YLD# 12.0	WWC EQ#MS	3.00	0	1.000		HIDALGO	BENTSEN GROVES		185.0	2,016.0	1.70	5/01/90	3,427.0	100 %	3,427	002	3.40	
7.0	CTREE						1/2 289-291-293											
YLD# 13.0	WWC EQ#MS	3.00	0	1.000		HIDALGO	BENTSEN GROVES		180.0	1,344.0	0.60	11/01/91	806.0	100 %	806	002 -	3.40	

Please check the accuracy of the above information especially crop, practice, interest and acres
NO REDUCTIONS on Fall-seeded crops after APRIL 18, 1993; upward revisions by inspection only
No corrections may be made after a loss has been paid

CIGNA

a CIGNA company
Serviced by RAIN AND HAIL INSURANCE SERVICE, INC.
Managing General Agent for Crop Insurance
MULTIPLE PERIL CROP INSURANCE

POLICY NUMBER 224493 For 1994 and succeeding years

PAGE ____ of ____

PRODUCER/OWNER INFORMATION	AGENCY INFORMATION
C & J SAPP PUBLISHING CO	VALLEY AG INSURANCE
PO BOX 5246	P.O. BOX 2648
McALLEN TX 78502-5246	McALLEN, TEXAS 78502
PHONE 210/618-4893 TAX I.D. 265-68-1699	PHONE 210/68703326 CODE 2492-00

LOSS PAYABLE TO ME AND

TEXAS STATE BANK
McALLEN TX
STATE CODE

TEXAS 42
COUNTY CODE

HIDALGO 215

APPLICATION AND PRODUCTION REPORT

PREVIOUS CARRIER

PREVIOUS POLICY

COVERAGE		COVERAGE ELECTIONS	
CROP	PRICE LEVEL	PRICE LEVEL	CA
CTREE		65%	

The premium due for each crop year will be calculated on my share in the crop at t
and price elected and at the rates published and in effect for the current crop year
to applicable adjustments.
This insurance policy is reinsured by the Federal Crop Insurance Corporation u
provisions of the Federal Crop Insurance Act, as amended (the Act) (7 U.S.C.
seq.), and all terms of the policy and rights and responsibilities of the parties are sp
subject to the Act and the regulations under the Act published in Chapter IV of 7 CF

* A. Production sold or in commercial storage. B. On farm storage recorded bin measurem
C. Livestock feeding record. D. Appraisal. E. ASCS loan record. F. Other

CROP KIND A	CROP PRACTICE B	CROP TYPE C	FARM UNIT D	ASCS # E	ASCS YIELD F	INT % G	OTHER PERSONS SHARING IN CROP H	COUNTY I	TWP # DIR N/S J	RNG # DIR E/W K	SECTION/QUARTER L	TOTAL PRODUCTION M	ACRES PLANTED N	AVERAGE YIELD O	RECORD TYPE P*
25 CTREE	WWC	EO&MS	1.00			1.000		HIDALGO	Lots 77 & 78 LA HOMA #2			SEE ATTACHED SUMMARY OF COVERAGE ON MP 224493			
25 CTREE	WWC	RRSR	2.00			1.000		HIDALGO	" "						

I certify that the information I have furnished as reflected on this form is complete and accurate for the commodity(ies), unit(s) and year(s) shown. I understand that information inaccurately reported may result in a recomputation of the approved APH yield. I also understand that failure to report completely and accurately may result in voidance of my crop insurance contract and may result in criminal or civil false claims actions.
ACCEPTANCE. When this application is accepted by us the policy will be in effect for the first crop year specified above, unless the time for submitting applications has passed the cancellation date. The policy will continue for each succeeding crop year until cancelled or terminated as provided in the policy.
We will not provide coverage if you knowingly concealed or misrepresented any material fact or circumstance relating to this insurance.
This policy will be void in the event you are restricted from receiving benefits under the Federal Crop Insurance Act or in the event action is pending which may restrict your eligibility to receive such benefits or, in the event federal authorization and funding of the crop program is not provided.
For the purpose relating to this insurance I hereby authorize representative(s) of the Company access to and examination of insured crops and records pertaining to the above described farm in the appropriate A.S.C.S. or other governmental agency office(s).

26/1/93

I declare the facts stated herein to be true and I personally guarantee payment of the total premium

UNDERWRITING DATA

Are you now indebted to the FCIC or to any other insurance company for unpaid crop insurance premium? Unpaid premiums affect your eligibility to receive benefits.

Have you ever had a crop insurance policy cancelled or otherwise terminated for any reason other than unpaid premium?

Do you have another Multiple Peril Crop Insurance Policy or Federal Crop Insurance Corporation Policy on your share of the insured crops?

On or before 03-01-94, the Undersigned, in consideration of the issuance of the policy(s) hereby agrees to pay, at 1501 50th Street, Suite 200, West Des Moines, Iowa 50266, to the order o the total premium, all as allowed by law. The Undersigned agrees to pay the maximum amount of total unpaid premium after such due dates plus reasonable costs of collection and attorney fees, al law. The Undersigned agrees and acknowledges that the Company may deduct any and all amoun

COMPANY

CIGNA

a CIGNA company
Serviced by RAIN AND HAIL INSURANCE SERVICE, INC.
Managing General Agent for Crop Insurance
MULTIPLE PERIL CROP INSURANCE

POLICY NUMBER MP 224493 For 1994 and succeeding years

PAGE ____ of ____

PAGE .001

PRODUCER/OWNER INFORMATION
C & J SAPP PUBLISHING CO
PO BOX 5246
McALLEN TX 78502-5246
PHONE 210/618-4792 TAX I.D. 265-68-1699

COMPANY INFORMATION
VALLEY AG INSURANCE
P.O. BOX 2648
McALLEN, TEXAS 78502
PHONE 210/687-3326 CODE 2492-00

LOSS PAYABLE TO ME AND
TEXAS STATE BANK
McALLEN TX

APPLICATION AND PRODUCTION REPORT

STATE	CODE	PREVIOUS CARRIER
TEXAS	42	
COUNTY	CODE	PREVIOUS POLICY
HIDALGO	215	

CROP	COVERAGE PRICE LEVEL	COVERAGE ELECTIONS PRICE	LEVEL
CTREE			65%

The premium due for each crop year will be calculated on my share in the crop at
and price elected and at the rates published and in effect for the current crop yea
to applicable adjustments.
This insurance policy is reinsured by the Federal Crop Insurance Corporation u
provisions of the Federal Crop Insurance Act, as amended (the Act) (7 U.S.C.
seq.), and all terms of the policy and rights and responsibilities of the parties are s
subject to the Act and the regulations under the Act published in Chapter IV of 7 C

* A. Production sold or in commercial storage. B. On farm storage recorded via measurem
C. Livestock feeding record. D. Appraisal. E. ASCS loan record. F. Other

CROP CIND A	CROP PRACTICE B	CROP TYPE C	FARM UNIT D	ASCS # E	ASCS YIELD F	INT % G	OTHER PERSONS SHARING IN CROP H	COUNTY I	TWP # DIR N/S J	RNG # DIR E/W K	SECTION/QUARTER L	TOTAL PRODUCTION M	ACRES PLANTED N	AVERAGE YIELD O	RECORD TYPE P
5 CTREE	WWC	FO&MS	1.00			1.000		HIDALGO	Lots 77 & 78 LA HOMA #2			SEE ATTACHED SUMMARY OF COVERAGE ON MP-224493			
5 CTREE	WWC	RRSR	2.00			1.000		HIDALGO							
12.0															
3.0															
14.0															
15.0															
16.0															

FROM T... SHEET/TUCC

AUG 2 '93 9:07

I certify that the information I have furnished as reflected on this form is complete and accurate for the crop(s)/type(s), unit(s) and year(s) shown. I understand that information inaccurately reported may result in a recomputation of the approved APH yield. I also understand that failure to report completely and accurately may result in voidance of my crop insurance contract and may result in criminal or civil false claims action.

ACCEPTANCE. When this application is accepted by us the policy will be in effect for the first crop year specified above, unless the time for submitting applications has passed the cancellation date. The policy will continue for each succeeding crop year until cancelled or terminated as provided in the policy.
We will not provide coverage if you knowingly concealed or misrepresented any material fact or circumstance relating to this insurance.
This policy will be void in the event you are restricted from receiving benefits under the Federal Crop Insurance Act or in the event action is pending which may restrict your eligibility to receive such benefits or, in the event federal authorization and funding of the crop program is not provided.
For the purpose relating to this insurance I hereby authorize representative(s) of the Company access to and examination of insured crops and records pertaining to the above described farm in the appropriate A.S.C.S. or other governmental agency office(s).

Dated ____ o'clock M. 26/6/93

I declare the facts stated herein to be true and I personally grow the crop(s) or share(s) insured.

UNDERWRITING DATA

Are you now indebted to the FCIC or to any other insurance company for unpaid crop insurance premium? Unpaid premiums affect your eligibility to receive benefits.

Have you ever had a crop insurance policy cancelled or otherwise terminated for any reason other than unpaid premium?

Do you have another Multiple Peril Crop Insurance Policy or Federal Crop Insurance Corporation Policy on your share of the insured crops?

On or before 03-01-94, the Undersigned, in consideration of the issuance of the policy(s) sho hereby agrees to pay, at 1501 50th Street, Suite 200, West Des Moines, Iowa 50266, to the order of the total premium, all as allowed by law. The Undersigned agrees to pay the maximum amount of into total unpaid premium after such due dates plus reasonable c..sts of collection and attorney fees, all as law. The Undersigned agrees and acknowledges that the Company may deduct any and all amounts c

CIGNA INSURANCE COMPANY OF TEXAS

CIGNA

a CIGNA company

Crop Insurance Serviced by RAIN AND HAIL INSURANCE SERVICE, INC.

MULTIPLE PERIL CROP INSURANCE

POLICY NUMBER		DATE PRINTED	PAGE
MP-271248	For 1994 and succeeding years	12/21/93	1 OF

COVERAGE

CROP	PRICE	LEVEL	EXPERIENCE	OPTION	FINAL PLANTING DATE
CTRUS EDIMS	175.00	.65	1.00	HAIL	
CTRUS RRSFJ	150.00	.65	1.00	HAIL	

PRODUCER/OWNER INFORMATION

C & J SAPP PUBLISHING CO
PO BOX 5246
MCALLEN TX 78502-5246

PHONE 210/618-4792 TAX I.D. 265-60-1699

AGENCY INFORMATION

VALLEY AG INSURANCE SERV. INC.
PO BOX 2648
MCALLEN TX 78502-2648

PHONE 210/687-3326 CODE 2492-00

LOSS PAYABLE TO ME AND

TEXAS STATE BANK

STATE	CODE
TEXAS	42
COUNTY	CODE
HIDALGO	215

1994 SUMMARY OF COVERAGE

Line Number	Crop	Farm Unit	ASCS Number	Interest	Other Persons Sharing in Crop	County	LOT, BLOCK & SUBDIVISION	Twp & Range	Average TREE/ACRE	Acre Guarantee	Acres	Plant Date	Total Guarantee	Price COVERAGE	Liability	Risk Area	Rate	Pr
1.0 YLD# 1.0	CTRUS WFP-JU EDIMS	1.00	0	1.000		HIDALGO	77-78 LAHOMA #2		8.1	5.3	7.70		40.8	175.0000	7,140	SFB	2.90	
2.0 YLD# 2.0	CTRUS WFP RRSFJ	2.00	0	1.000		HIDALGO	77-78 LAHOMA #2		21.4	13.9	11.00		152.9	150.0000	22,935	SMB	5.70	

Please check the accuracy of the above information especially crops practices interest and acres
##NO REDUCTIONS on Fall-seeded crops after APRIL 18, 1993## upward revisions by inspection only
No corrections may be made after a loss has been paid

INSURED PREMIUM 1
SUBSIDY
BASE PREMIUM 2

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MULTIPLE PERIL CROP INSURANCE

POLICY NUMBER 1409 0424 For 1994 and succeeding years

PAGE ____ of ____

COVERAGE		COVERAGE ELECTIONS		
CROP	PRICE LEVEL	PRICE	LEVEL	CAI
CITRUS			65%	

PRODUCER/OWNER INFORMATION

C & J SAPP PUBLISHING CO
PO BOX 5246

McALLEN TX 78502-5246

PHONE TAX I.D.
210/618-4393 265-68-1699

LOSS PAYABLE TO ME AND

TEXAS STATE BANK
McALLEN TX 78501

AGENCY INFORMATION

VALLEY AG INSURANCE
P.O. BOX 2648
McALLEN, TEXAS 78502

PHONE CODE
210/687-3326 2492-00

APPLICATION AND PRODUCTION REPORT

STATE	CODE	PREVIOUS CARRIER
TEXAS		
COUNTY	CODE	PREVIOUS POLICY
HIDALGO	215	

The premium due for each crop year will be calculated on my share in the crop at the and price elected and at the rates published and in effect for the current crop year su to applicable adjustments.

This insurance policy is reinsured by the Federal Crop Insurance Corporation unde provisions of the Federal Crop Insurance Act, as amended (the Act) (7 U.S.C. 15 seq.), and all terms of the policy and rights and responsibilities of the parties are specif subject to the Act and the regulations under the Act published in Chapter IV of 7 CFR.

* A. Production sold or in commercial storage. B. On farm storage recorded bin measurement. C. Livestock feeding record. D. Appraisal. E. ASCS loan record. F. Other

CROP KIND A	CROP PRACTICE B	CROP TYPE C	FARM UNIT D	ASCS # E	ASCS YIELD F	INT % G	OTHER PERSONS SHARING IN CROP H	COUNTY I	TWP # DIR N/S J	RNG # DIR E/W K	SECTION/QUARTER L	TOTAL PRODUCTION M	ACRES PLANTED N	AVERAGE YIELD O	RECORD TYPE P	
26 CTRUS	MWC	EO-J 2100	1.00			1.000		HIDALGO	LOTS	77 &	78	TREES 1087	7.7			10/9
26 CTRUS	MWC	RRSR-J 2400	2.00			1.000		"	LA HOMA #2			1444	11.0			1/91 10/9

PLAINTIFF'S EXHIBIT A

certify that the information I have furnished as reflected on this form is complete and accurate for the commodity(ies), unit(s) and year(s) shown. I under- and that information inaccurately reported may result in a recomputation of the approved APH yield. I also understand that failure to report completely and curately may result in voidance of my crop insurance contract and may result in criminal or civil false claims actions.

CCEPTANCE. When this application is accepted by us the policy will be in effect for the first crop year specified above, unless the time for submitting pplications has passed the cancellation date. The policy will continue for each succeeding crop year until cancelled or terminated as provided in the policy.

e will not provide coverage if you knowingly concealed or misrepresented any material fact or circumstance relating to this insurance.

his policy will be void in the event you are restricted from receiving benefits under the Federal Crop Insurance Act or in the event action is pending which ay restrict your eligibility to receive such benefits or, in the event federal authorization and funding of the crop program is not provided.

or the purpose relating to this insurance I hereby authorize representative(s) of the Company access to and examination of insured crops and records pertain- g to the above described farm in the appropriate A.S.C.S. or other governmental agency office(s).

Dated ____ o'clock M. 16 July 19 93

Kay Prewett
Licensed Agent's signature

I declare the facts stated herein to be true and I personally guarantee payment of the total premium.

C & J SAPP PUBLISHING
Applicant's/Guarantor's Signature

UNDERWRITING DATA	YES
Are you now indebted to the FCIC or to any other insurance company for unpaid crop insurance premium? Unpaid premiums affect your eligibility to receive benefits.	
Have you ever had a crop insurance policy cancelled or otherwise terminated for any reason other than unpaid premium?	
Do you have another Multiple Peril Crop Insurance Policy or Federal Crop Insurance Corporation Policy on your share of the insured crops?	

On or before _____, the Undersigned, in consideration of the issuance of the policy(s) shown at hereby agrees to pay at 2501 50th Street, Suite 200, West Des Moines, Iowa 50266, to the order of the Com the total premium, all as allowed by law. The Undersigned agrees to pay the maximum amount of interest o total unpaid premium after such due dates plus reasonable costs of collection and attorney fees, all as allowe law. The Undersigned agrees and acknowledges that the Company may deduct any and all amounts owed u this policy or any other policy, whether or not due, from any loss payable to you under the policy(s) shown abo